21504 62574	10458 1		State of Nel		Mot	tor Ve	hicl	e A	ccide	en	t Re	eport		Shee	et 1	of	5					
3	Total Num of Vehicl		Local No./ District 163		Agency Case No. B	5-091980)			F	HIT & RUN		INVESTIG.	ATION YES		T SCENE	? L 1					
A/1 01 A/2	7.00122111		3/2015 STATE Control Control											STATE USE ONLY								
В	OF ACCIDENT	CITY	Lincoln								PRIVATE	YES NO	10/03	3/201	15							
50	ROAD ON	I WHICH	STREET/	o. James o	on N						PROPERT ONE-WAY	YES NO	LATITUDE									
с 5	DISTANCE F	ROM	FEET			OF MILEPOST			HIGHW	VAY N	STREET? NO.		LONGITUE	\dashv								
D	MILEPOS	IF AT INTERSECTION IF NOT AT INTERSECTION																				
1	79.00 X Jameson Ct										G											
V1/M 10 V2/M	MILES		N S E	ACCIDENT W W AND MILES	AS OUTS	IDE CITY LIN	MITS, IN	W OF	DISTANCE NEAREST Y OR TOWN		OM NEAF	REST TOWN										
01 E	P WORK R1 R2 R3 R4 S REDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b D0											DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?										
2	L					VI	EHICLE	NO. 1									_					
F 1	DRIVER LICENSE DRIVER	ı	NO. H13006	620					PHONE			STATE (Of License)	NE LOCAL N			> FEMALI > MALE						
V1/N 1			LGROVE		CITY	STATE, ZIP				217	'-3848	DATE OF	LOCAL IV	····			V1/1					
V2/N	5110 Sou				IDHONE			BIRTH 05/17/1988														
1 G		hawn COLGROVE 4022173848															V1/2					
2			st, Ļincoln, N	E 68506	CITY, S	SIAIE, ZIP				(PENDI	NG NO	LB49		2		08 V1/3					
н 5	LICENSE PLATE		10.								YEAR ate Expires)			STA (Of P	late)	NE	41					
V1/O	VEHICLE	1	YEAR 1999	Chevrole		^{MODEL} Suburbar	า	Mediu	um/larg	je ι							V1/4 42					
3 V2/O	VEHICLE ID NO. (VIN)	1GN	NFK16R2XJ	409743						INSURANCE COMPANY N/A												
4	101 Char	lestor	า		Capita	al Towing					POLICY NO N/A).					- 19 V1/6					
1	DRIVER					VI	EHICLE	NO. 2				STATE	Τ		-v C) FEMALI	25					
V1/P	DRIVER	1	10.						PHONE			(Of License)	LOCAL N		EX \geq	MALE	_					
6 V2/P	DRIVER ADDRES	SS			CITY, S	STATE, ZIP						DATE OF BIRTH					V2/1 18					
7	OWNER LARRY G	STC	ni 7						PHONE	420)-2707	BIRTH (MM / DD / YYY	LOCAL N	0.			V2/2 08					
ົ 01	OWNER ADDRES	SS	N N, LINCO		STATE, ZIP			402-		ITATION	→ YES	CITATION	NO.			V2/3						
V1/Q	LICENCE	D.Λ	DDA2E1	LIN, INC. O	12						PENDI YEAR ate Expires)	NG X NO 2016		STA (Of P		NE	42 					
1 V2/Q	VEHICLE	YEAR	1999	MAKE Mazda	N	MODEL 626		BODY STY		Ì	COLOR		ESTIMATED	DAMAG	, ,		09 V2/5					
1	VEHICLE ID NO. (VIN)	1Y\									tan X TOTALED \$ INSURANCE COMPANY State Farm											
к 01	TOWED TO	lesto	TOWED BY								POLICY NO. R10 3885-F30-27K											
		omp	lete this se		all inj	ured per	rsons			Τ	DATE	OF BIRTH	Seat Position	2 Eject	Body Region	Injury Sev.	5 rans. MF					
VEH. #			GROVE 5110	ADI	DRESS					0	5/17/19		01	1	06	T. I	1 M					
1	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	IE .				EMS RU	N REP	ORT NO.							
VEH. #	NAME		<u> </u>	ADI	DRESS																	
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	1E				EMS RU	N REP	ORT NO.							
VEH. #	NAME			ADI	DRESS																	
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	RVICE NAM	1E				EMS RU	N REP	ORT NO.							

	THE FOLLOWING	INFORMATIO	N IS REQUIRED F	OR ALL ACCIDEN	тs					
		INDICATE	BY DIAGRAM WHAT HA		OCY CASE NO. 5-091980					
Indicate North by Arrow										
					-					
another legally parked vehic area. Witness 2 corroborate Driver 1 was					-					
Mailbox	wner NAME Larry G Stolz 2500 J	lameson N, Lir	ncoln, NE 68512	PHONE 402-420-27	07	\$ 50				
Tree	WNER NAME Larry G Stolz 2500 J	<u> </u>	ncoln, NE 68512	PHONE 402-420-27	.= + = : + : 1					
Timothy S Hoppes 24	439 Jameson N, Linc		2			02-421-4655				
	39 Jameson N, Linco	In, NE 68512			4	02-421-4655				
VEHICLE MOVEMENT BEFORE COLLISION VEHICLE IN ROAD OR	POINT OF IMPA MOST DAMAGE (Enter numbers for	ED AREA	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL					
veh N S E W ROAD OR HIGHWAY NAME 1 X Jameson N	VEHICLE 1	VEHICLE 2	-		ALCOHOL TESTING	No. 1 No. 2 trian				
2 X Jameson N	IMPACT UZ	OINT OF MPACT 06	1 Deployed - front 2 Deployed - side	1 None used - vehicle occupa 2 Lap & shoulder belt used	nt LEVEL TESTED	N N X N				
1 01 06 Turning left 07 Making U-turn 08 Entering traffic lane	1 1051	MOST AMAGED 07 AREA 04	Deployed - side Deployed - both front/side Not deployed Not applicable/ No airbag available Unknown	3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	ALCO DRU SUSPE	HOL/ Driver No. 1 No. 2 JGS 2 1				
01 Essentially straight ahead traffic lane 02 Backing 10 Parked 03 Changing lanes 11 Slowing or stopped in traf Passing 12 Other 05 Turning right 13 Unknown	09 Top & windows	05	VEHICLE 2	9 Restraint use unknown VEHICLE 2	2 Yes - al 3 Yes - dr	alcohol nor drugs suspected ohol suspected igs suspected ohol & drugs suspected				
OFFICER NO. 1688 INVESTIGATOR NAME (Print or Type)	TROOP/ TEAM/ BEAT CE	DEPARTM Linco	oln Police Departme	ent		Photographs X YES aken? NO				
Jared Hermes			/ Officer Jared Hern	nes	DATE OF REPORT	10/03/2015				

215040458 62574			State of N Investig		Moto	r Vehic	le Ad	cciden	t Co	ntinuati	on Rep	ort	Shee	3	of	5									
				Local No./ District 163				Agency STATE US Case B5-091980																	
Vehicle Codes from		DATE (ENT (MM/DD/Y	YYYY)	PLACE OF ACCIDE		Lancaster																	
Overlay #2		ON WH	IICH ACCII	DENT OCCUR	RED STRE	ET/HIGHW		mesoi	n N								Sequer of Ever								
VEH.#							V	EHICLE	E NO. 3								VEH.								
3	LICE	VER NSE	NO.							DUONE		(Of License)	LOCAL	SE	K -	> FEMAL > MALE	3								
м 01	DRIVER			PHONE													1. 18								
N N	DRIVER	ADDRES	S			CITY,	STATE, ZIP				DATE OF BIRTH (MM / DD / YYYY)														
1	OWNER		NWEA	ALTH ELECTRIC COMPANY									LOCAL NO.												
° 2		R ADDRESS CITY, STATE, ZIP CITATION YES 1 Y ST, PO BOX 80638, LINCOLN, NE 68501 PENDING X NO									CITATIO	3.													
P 7		NSE T		TDZ355	, 2	,	00001				YEAR (Plate Expires)	2016		STAT (Of Pla		NE 4.									
7 		lICLE	YEAR		MAKE Ford		MODEL F150		Pickup		color	ES		DAMAGE	/										
3	VEHIC	HEID					1 100		Покар	truck	INSURANCE		18												
	TOWED		1FTKF1	122X7NA1	9789	TOWED BY	′				POLICY NO.	public Insu	ırance	e Co			6. 25								
VEH.#								'EHICLI	E NO. 4	1	MWTB	304237													
4	DRI	VER	NO.				•	LINOLI	- 110. 4	<u> </u>		STATE (Of License)		SE	K ~	FEMAL	-E 4								
M	DRIVER	NSE	110.							PHONE		MALE	1.												
	DRIVER	ADDRES	S			CITY,	STATE, ZIP					DATE OF BIRTH					╣								
N	OWNER									PHONE		(MM / DD / YYYY)	LOCAL NO.												
0	OWNER ADDRESS CITY, STATE, ZIP CITATION YES										CITATIO	CITATION NO.													
											○ PENDIN	IG NO			_		4.								
Р		LICENSE PLATE NO. YEAR MAKE MODEL					DODY CTVII		YEAR (Plate Expires)	l F	STIMATE	STATE (Of Plate)													
Q	VEHICLE MAKE MAKE						TOTALED \$																		
		(VIN)									INSURANCE	NCE COMPANY													
	TOWED	ТО				TOWED BY	(POLICY NO.						6.								
		E MOVE			POINT OF IN				BAG DEPLO			AINT USE	2		VEH	0	VEH								
	SEW	, R	ROAD OR HIGHWAY NAME MOST DAMAGED AREA (Enter numbers for each vehicle)						VEINOLE C				ALCOHOL			er No.	Driver No								
3	x	Jameson Ct VEHICLE 3 VEHICLE 4									OHOL	ING _	_	Υ											
4				POINT OF IMPACT	08	POINT OF	:	1 Depl	loyed - front		1 None used - 2 Lap & shoul	vehicle occupani der belt used	LE	STED	\vdash	Х	N								
3	10	00 T		MOST DAMAGED	08	MOST DAMAGED		2 Depl 3 Depl	loyed - side loyed - both fi	ont/side	3 Shoulder be 4 Lap belt onl 5 Child safety 6 Child booste	It only used v used	BAC	LEVEL			'								
4		07 M	ırning left aking U-turn ntering	AREA		AREA		5 Not	deployed applicable/ airbag availab		OHOL/		er No. 3_	Driver No.											
01 Ess		tra 09 Le	affic lane eaving	00 None 09 Top &	0: windows	2 03	04	6 Unkr	nown		8 Costume he 9 Restraint us	e unknown	sus	PECTED											
02 Bac		a tra 10 Pa es 11 SI		10 Underd	° 01	- (05		VEHICLE 4	_	VEH	ICLE 4	2 Y	es - alcoh	ol susp	ected	suspected								
04 Ove Pas	rtaking/ sing	st 12 O	opped in tra ther	ffic 12 Other	0: 0:	├─ <u></u> 8	06	_					4 Y	'es - drugs 'es - alcoh Inknown			pected								
05 Turr	ing right		nknown		ation for	. all !n	ا مما اممانات				DATE	OF BIRTH	1	2	3	4	5 SE								
	NAME		ompiet	e this se		DRESS	jurea per	SONS			(MM / E	DD / YYYY)	Sea Position	Eject	Body Region	Injury Sev.	Trans. M								
VEH. #		NO.	Імп	DICAL FACILITY N	AME			EMS SE	RVICE NAME				FMS	RUN REPO	RT NO										
			IVIE	D.OAL THOILITTIN		DDECC		LIVIO 3E	VIOL NAIVIE				LIVIO	.SIT INEFO											
VEH. #						DRESS							_												
	LOCAL N	NO.	MEI	DICAL FACILITY N	AME			EMS SE	RVICE NAME				EMS F	RUN REPO	RT NO.										
VEH. #	NAME				AD	DRESS		1																	
	LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME									I .		EMS F	RUN REPO	RT NO.	NO.										

ADDITIONAL - DI	AGRAM & INFORMATION AS REQUIR	
		AGENCY CASE NO. B5-091980
		[20 00.000
Indicate		
North by Arrow		
Sy Allow		
· · · · · · · · · · · · · · · · · · ·		
	1/2	Not To Scale
		Jameson N
	PO PO	' <u> </u>
	P.O./. #3	767
	- 10 10 10 10 10 10 10 10 10 10 10 10 10	fin .
1		
P.O.I. #4		MEASUREMENTS ARE APPROXIMATE
/		P.O.I. #1 (Vehicle 2):
Jameson Ct		79' North of the north curb of Jameson Ct
		7' South of the north curb of Jameson N
P.O.1. *6	<u>l. #5</u>	P.O.I. #2 (Curb):
*6		65' North of the north curb of Jameson Ct
	Legend	Even with the north curb of Jameson N
	Vehicle 1	P.O.I. #3 (Mailbox) 65' North of the north curb of Jameson Ct
Vehicle 1 At Rest Left Front: 49 West of west curb of Jameson N	Vehicle 2	3' North of the north curb of Jameson N
20' South of the north curb of Jameson Ct Left Rear. 49' West of the west curb of Jameson N	Vehicle 3	P.O.I.#4 (Tree): 38' North of the north curb of Jameson Ct
12' South of the north curb of Jameson Ct Right Front:	Mailbox =	11' West of the western curb of Jameson N
61 West of the west curb of Jameson N 7' South of the north curb of Jameson Ct	Wallbox	P.O.I. #5 (Curb):
Right Rear: 51" West of the west curb of Jameson N 5" South of the north curb of Jameson Ct	Tree	Even with the north curb of Jameson Ct 31' West of the west curb of Jameson N
Vehicle 2 At Rest Vehicle 3 At Rest Left Front: Left Front:	Path of Vehicle 1 ←	- 100 -
Left Front: 36' West of west curb of Jameson N 4' North of the south curb of Jameson Ct 4' North of the south curb of Jameson Ct	Path of Vehicle 2	P.O.I. #6 (Vehicle 3): 6' North of the south curb of Jameson Ct
Left Rear: 36' West of the west curb of Jameson N 82' West of the west curb of Jameson N 82' West of the west curb of Jameson N	Tatifor vehicle 2	66' West of the west curb of Jameson N
2' South of the south curb of Jameson Ct Right Front: Right Front:		
31 West of the west curb of Jameson N 3 North of the south curb of Jameson Ct 3 South of the south curb of Jameson Ct		
Right Rear: 31 West of the west curb of Jameson N 5 South of the south curb of Jameson Ct Right Rear: 82 West of the west curb of Jameson N 2 North of the south curb of Jameson Ct		
OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE APPROX. COST OF DAMAGE
OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE APPROX. COST OF DAMAGE
K.		\$
NAME	ADDRESS	PHONE
NAME NAME NAME	ADDRESS	PHONE
OFFICER NO. TROOP/ 1688 TROOP/ TEAM/ BEAT CE	Lincoln Police Department	
1688 BEAT CE INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	
Jared Hermes	Approved by Officer Jared Hermes	DATE OF 10/03/2015
	pp. o.	INLE OKT

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215040 62574	450		ln۱	estiga	tor's N		Vehicle	Aco		Descr	iption	Conti	nuatio	n Re	port She			5
			Loca Distri	I No./ ict 163					Agency Case No.		Е	85-0919	980			STA	ATE USE ONL	_Y
	DATE (OF ACCIDE				PL	ACE COU	NTY	Lanc	aster								
		10/0	03/201	15		ACCI	DENT CITY	Lin	coln									
ROA	D ON W	HICH ACC	IDENT C	CCURRED	STREE	T/HIGHV	VAY NO.	Jar	meson l	N								
contac	ted se	eated in	the ya	ard of 24	151 Jar	neson	Ct where	e he	stated	, 'I'm be	yond a	a .08, I	know i	t.'				
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OFFICER NO	O.			TROOP/ TEAM/ CE			DEF	PARTME										
1688	OR NAME	(Print or Tim		BEAT CE	=	IND	ESTIGATOR S	SIGNIATI		oln Poli	ce Dep	artmer	nt ————		I			
NVESTIGATOR NAME (Print or Type) Jared Hermes							pproved			Jared ⊢	lermes				DATE OF ACCIDENT	10/0	03/2015	5